



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):) Title: In-Situ Cell Extraction and
) Assay Method
Horton)
)
Serial No: 09/027,654)
) Group Art Unit: 1641
Filed: February 23, 1998)
) Examiner: Gail Gabel

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment for the above application.

RECEIVED
JAN 2.3 2002
TECHCENTER 1600/2900

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **October 22**, **2001**, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

01/22/2002 SLUANG1 00000240 09027654

02 FC:116

400.00 OP

Jeffrey S. Sharp

1.	Small	Small Entity Status					
		Verified statement(s) claiming small entity status is(are) attached					
		Small entity status has been established and is still effective.					
	⊠	Has not been established.					

2. Extension of Time

This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE F	OR LARGE ENTITY	FEE FOR SMALL ENTITY	
One Month		\$110.00	\$55.00	
Two Months	Х	\$400.00	\$200.00	
Three Months		\$920.00	\$460.00	
Four Months		\$1,440.00	\$720.00	
Fifth Month		\$1,960.00	\$980.00	

If an additional Extension of Time is required, please consider this a petition therefor.

An extension for _____month(s) has already been secured and the fee paid therefor of \$____is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$400.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

			SMALL ENTITY		OTHER THAN A SMALL ENTITY			
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	20	MINUS	20	= 0	X 9=	\$	X18=	\$0
INDEP.	1	MINUS	3	= 0	X42=	\$	X84 =	\$0
	☐ First Presentation of Multiple Dependent Claim +140 =			\$	+280=	\$0		
	TOTAL ADDITIONAL FEE			\$	OR	\$O		

4. Method of	Payment of Fees
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×	Attached is a check in the amount of:		\$ <u>400.00</u>
	Charge Deposit Account No. 13-2855 in the amount of: A copy of this Transmittal is enclosed.	. \$	

5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, Gerstein & Borun at the address below.

Respectfully submitted,

MARSHALL, GERSTEIN & BORUN 6300 Sears Tower 233 South Wacker Drive Chicago, Illinois 60606-6357 (312) 474-6300

By:

Jeffrey 9. Sharp

Reg. No: 31,879

October 22, 2001